



PATIENT

Tucker Bloomberg

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Neutered Male

AGE

11 Years 4 Months

WEIGHT

55.0 lbs

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Katelyn Mazzochette,
DVM

HOSPITAL NAME

Airpark Animal
Hospital

REFERRING VET

Brooke Ridinger, DVM

INVOICE

72391

DATE

1/22/26

PRESENTING CLINICAL SIGNS

Annual exam in Dec - PU/PD and significant hematuria on UA without signs of infection. Weight gain, skin concerns - hx of low TT4, but MSU panel from 3/25 normal. Sedated with butorphanol and low dose dexdomitor for scan.

Abnormal PE/Chem/CBC/UA Results: Labs 12/25 increased platelets, ALP inc at 543 - higher than 3/25 - 361 TT4 and FT4 low (o declined repeat MSU panel) USG 1.005, hematuria LDDST not consistent with HAC12/17/25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is normal in size (0.64 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.4 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (6.49 cm). Overall echogenicity is slightly hyperechoic with mildly reduced corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is large and slightly irregular in shape, measuring 1.34 cm at the cranial pole and 0.82 cm at the cauda pole. It is observed in its normal position cranial to the left renal artery. It is abnormal in that the cranial pole is irregular and large, creating the effect of a poorly defined nodule measuring 1.05 cm x 1.8 cm. No evidence of vascular invasion visualized.

The right adrenal gland is normal in size measuring 0.77 cm at the cranial pole and 0.95 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (1.8 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver



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The liver is large in size with rounded margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains mild focal shadowing ingesta. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. Focal shadowing ingesta could represent medication, a small treat, etc. No evidence of an obstruction is visualized.

SEX

Neutered Male

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.51 cm. Jejunum wall measures 0.39 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The right limb of the pancreas appears mildly mottled and is somewhat obscured by poorly defined hyperechoic mesentery in the region, possibly consistent with mild inflammation.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is normal in echogenicity but there is some slight reactivity in the right cranial abdomen.

IMAGING PERFORMED BY

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral adrenomegaly with an irregular cranial pole of the left adrenal. Findings could be consistent with bilateral hyperplasia. The irregularity of the cranial pole of the left adrenal is of uncertain nature. A poorly defined nodule should be considered (adenoma, carcinoma, other).
- Age related changes visualized associated with both kidneys.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.
- Mildly mottled right limb of the pancreas with regional hyperechoic mesentery – Findings could be consistent with mild pancreatic inflammation.

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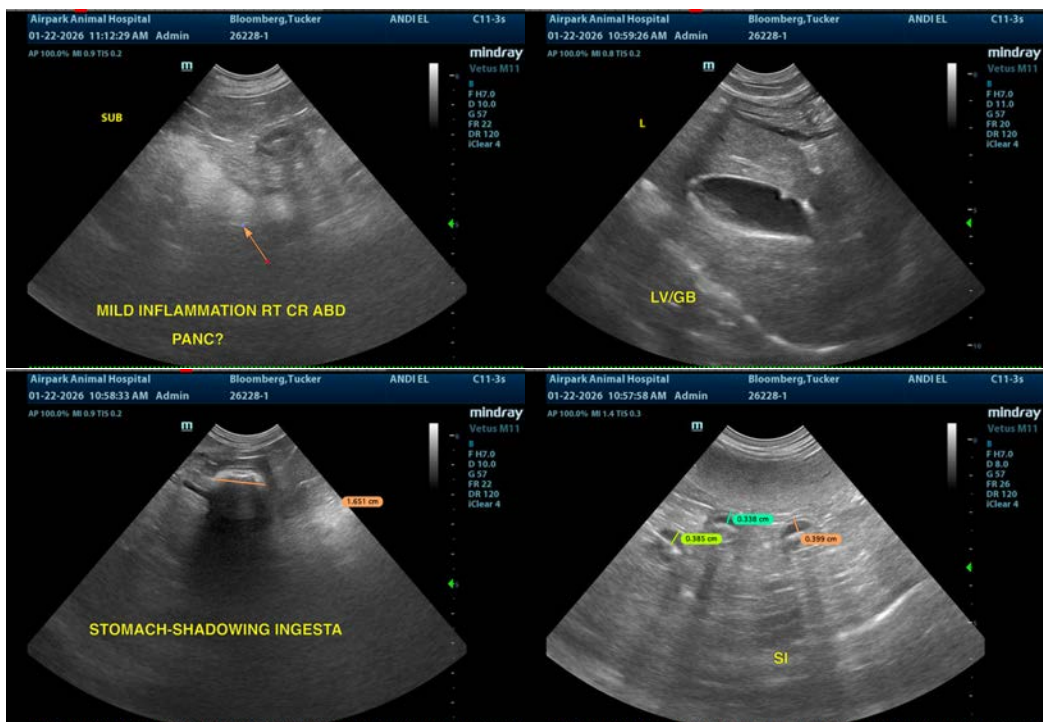
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both adrenals are somewhat “plump” and irregular. The left adrenal in particular has a large, irregular cranial pole. A distinct nodule is not visualized but there is concern that this could represent a poorly defined nodule/early mass effect. Given the symptoms consistent with Cushing’s, consider an adrenal panel to the University of Tennessee combined with an ACTH stimulation test, looking for elevations in atypical adrenal hormones (atypical Cushing’s). Recommend continued monitoring of the cranial pole of the left adrenal for progressive enlargement (recheck in 2-3 months). Additionally consider a blood pressure evaluation. If hypertension is present, consider measuring catecholamine levels, looking for possible pheochromocytoma.

The hepatic changes are most consistent with a vacuolar hepatopathy. Other hepatopathies are possible. If further evaluation is desired, a liver function test and a fine needle aspirate could be considered.

There is subtle hyperechoic mesentery in the right cranial abdomen. The significance of this is uncertain. If there are any symptoms consistent with Cushing’s, you could consider a quantitative PLI level and treatment for mild pancreatitis if clinically appropriate. Otherwise, continued monitoring is warranted.

No significant lesions were visualized associated with the urinary tract to explain the hematuria reported. Was this on a free catch sample? Potentially correlate with radiographs, looking for any evidence of calculi in the more distal urethra, etc. A urine culture should be considered. If hematuria is persistent, consider reevaluation over time, looking for the development of a more apparent lesion.





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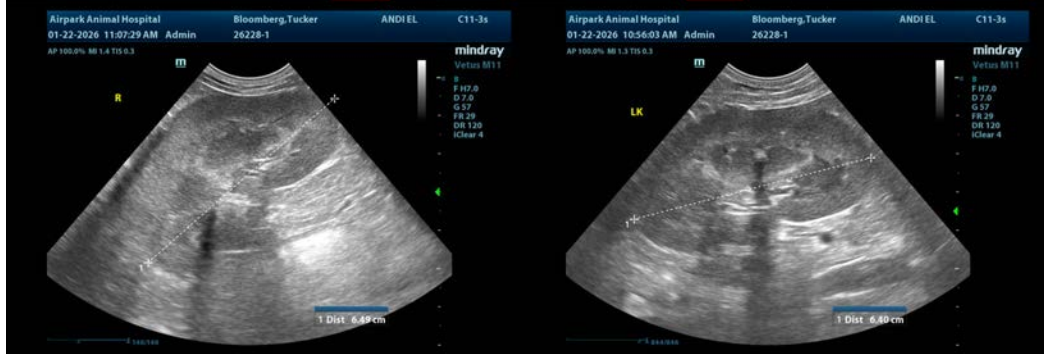
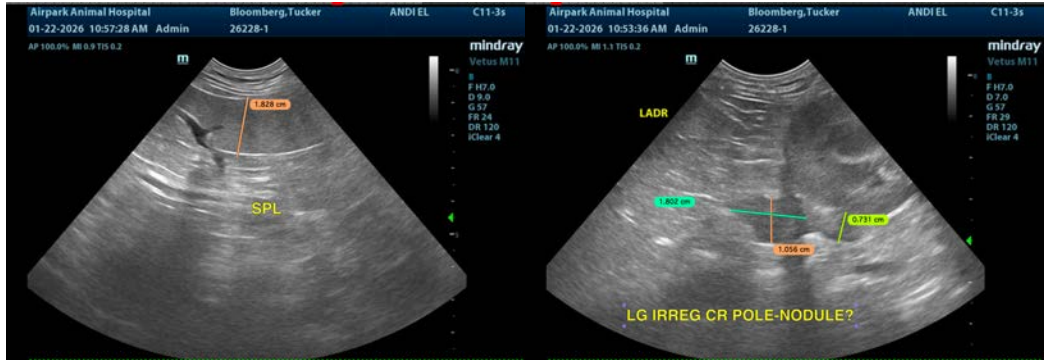
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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